

Service-Learning Grant Budget and Amendment Form

Complete the budget below. Please round all figures to the nearest dollar. For the initial proposed budget, use the budget and match worksheets to assist you.

School District _____
 County-District Code: 03-_____-SL
 Street Address: _____
 City, Zip: _____
 Grant Coordinator Name: _____
 Phone: (_____) _____
 Fax: (_____) _____
 E-mail: _____

Check One:

☐ Proposed Budget

☐ Amendment

Date of Submission

____ - ____ - ____

Match must equal 100% of the Grant Monies Requested. **10% of the match must be district monies.**

Category	Grant Monies Requested	Match Category	Non-District Match	District Match
Substitute Salaries and Benefits	\$	Coordinator Hours (not charged to grant)	\$	\$
Coordinator Salaries and Benefits (District Coordinator Grants only)	\$	Support Staff Hours (not charged to grant)	\$	\$
Support Staff Salaries and Benefits	\$	Teacher Hours spent on Service-Learning Projects	\$	\$
Coordinator Stipend	\$	Volunteer Hours	\$	\$
Support Staff/Teacher Stipend	\$	Donated Supplies or Materials	\$	\$
Training And Travel	\$	Transportation to SL Activities (not charged to grant)	\$	\$
Project Expenses	\$	Copies, Office	\$	\$
Promotional Costs	\$	Other	\$	\$
Other (Describe)	\$		\$	\$
	\$	Total	\$	\$
Total A	\$	Total B District and Non-District Match \$ <i>Must be equal to or greater than Total A</i>		
Total Project A+B	\$			

Person Completing This Report: _____ Phone: _____
 Signature of Authorized Official: _____ Date: _____
 DESE Approval By: _____ Date: _____